

## **ATTACHMENT C**

### **Wisconsin IDR Service Agreement**

#### **Description of Work:**

MPRO agrees to act as an impartial, third party reviewer for the second-level Informal Dispute Resolution (IDR) reviews. Each IDR review will be completed by at least one qualified IDR reviewer. A determination/decision will be submitted to the Bureau of Quality Assurance (BQA) by the required deadline, contingent upon the receipt of (1) an original signed service agreement, and (2) your review materials/documents, including the Statement of Deficiency (SOD) without a Plan of Correction. Please include two complete copies of your review materials. Citations of substandard quality of care or immediate jeopardy will be reviewed by two qualified professional reviewers for a consensus decision.

#### **Payment:**

By virtue of your request for a desktop, telephonic, or in-person IDR review, you agree to pay for each tag reviewed according to the following payment schedule:

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| ▪ Desk review base fee per tag              | \$200 (BQA will pay 100%)  |
| ▪ Telephone review base fee per tag         | \$225 (BQA will pay \$200, provider pays \$25)   |
| ▪ In-person review base fee per tag         | \$375 (BQA will pay \$200, provider pays \$175)  |
| ▪ Rate per hour of actual travel            | \$72 (in addition to base fee when travel is required)                                 |
| ▪ Consultant reviewer hourly rate           | \$250 (BQA pays \$145, provider pays \$105;<br>½ hour minimum when requested/required) |
| ▪ Travel expenses (lodging, meals, mileage) | According to approved State of Wisconsin guidelines<br>and fee schedule listed above   |

MPRO will mail you an invoice upon completion of the requested review and payment is due within 30 days of the date of the invoice. Please make your check payable to MPRO and mail to 22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611, Attention: Financial Services.

#### **Cancellation Policy**

You may cancel an IDR request at any time.. If review work has begun on the IDR request, you agree to pay the full base fee amount as listed above, plus reviewer time (\$145/hr) and consultant time (\$250/hr) that occurred prior to your cancellation. You also agree to reimburse MPRO for any travel expenses resulting from your IDR request. BQA will not pay for any expenses if an IDR request is cancelled. MPRO will mail an invoice detailing review time and travel expenses that have accrued as a result of your cancellation. Payment is due within 30 days of the date of the invoice to the above address.

**Please fax your cancellation request to MPRO at (248) 305-7093, Attention: IDR Project Specialist between 7:00 a.m. to 3:30 p.m. (CST), Monday through Friday.**

#### **Indemnification:**

You also agree to indemnify and hold MPRO, its directors, officers, employees, physicians, consultants and agents harmless from, and against, any claims, causes of action, liabilities, costs and /or expenses of any kind arising out of MPRO's performance of its responsibilities under this agreement associated with any lawsuit against said company, agents and physicians.

#### **Confidentiality:**

MPRO agrees to treat all information received in the course of its review activities as confidential with respect to persons or entities, with the exception of designated administrators of your facility for communication purposes. MPRO further agrees that such confidential information may not be used for any purpose by MPRO except to fulfill its review obligations.

#### **Instructions:**

Please enclose the original, signed, service agreement with two (2) copies of your IDR review materials to MPRO at **22670 Haggerty Road, Suite 100, Farmington Hills, MI 48335-2611, Attention: IDR Review**

**Specialist.** MPRO will initiate the review upon receipt of this signed agreement and your review materials. Please note that BQA will not delay enforcement actions pending an IDR review.

The parties have caused this Service Agreement to be signed by their duly authorized representatives and to be effective as of the date signed.

Facility: \_\_\_\_\_  
By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Facility: MPRO  
By: \_\_\_\_\_  
Print Name: Debra L. Moss, MD, MBA  
Title: President and CEO  
Date: \_\_\_\_\_